Replying to Request for Civil Restraining Order

These questions are asked on a number of forms. If you enter the information here, it can save you time. As you go through the forms, you can ask the self-help center staff for more help.

Your	Full	Nar	ne:
------	------	-----	-----

Your Street Address:

Your City: State: Zip:

Your Telephone Number: Area Code: Number:

Requesting Person's Full Name:

Court Name:

Court Street Address:

Court Mailing Address:

Court City, State, and Zip:

Branch Name:

	CH-110 Answer to Request for Orders to Stop Harassment	Clerk stamps date here when form is filed.
1	Name of person who asked for the order:	
2	Your name: Your address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):	
	City: State: Zip:	Fill in court name and street address:
	Your telephone (optional): () Your lawyer (if you have one): (Name, address, telephone number, and State Bar number):	Superior Court of California, County of
	 Use this form to give the court your answers to CH-100 Read Form CH-151 to protect your rights. Fill out this form and then take it to the court clerk. Serve the person in ① with a copy of this form and any attached 	Fill in case number: Case Number:
3	a.	t will consider your Answer at the hearing. Time: Dept.: Room: St obey the court's orders until the If you do not come to this hearing, the y make the orders requested against you
4	a.	p to 3 years.
5	 ☐ Turn In Guns or Other Firearms a. ☐ I do not own or have any guns or firearms. b. ☐ I agree to the order requested. c. ☐ I do not agree to the order requested. d. ☐ I agree to the following order (specify): 	
6	 □ Other Orders a. □ I agree to the orders requested. b. □ I do not agree to the orders requested. c. □ I agree to the following orders (specify):	

Your	nam	e:	
7		Emot	ional Distress The person in ① has not suffered emotional distress. (Explain):
		b. 🗌	A reasonable person in the same position as the person in ① would not have suffered emotional distress. (Explain):
		c. 🗌	If the person in ① has suffered any emotional distress, it is not because of what that person has accused me of doing. (Explain):
8		•	ose of Actions did to the person in ①—if anything—was not done on purpose.
9		Denia a. b.	I did not do anything described in 6 of Form CH-100. (Skip to 1).) I did some or all of the things described in 6 of Form CH-100. (Explain in 10 - 1).)
10		I have	on or Excuse done some or all of the things the person in ① has accused me of, but: What I did was legal. (Explain):
		b. 🗆	I had a good reason for doing these things. (Explain):
		c. 🗌	I have other reasons to justify what I did. (Explain):
11)			ourt should not make an order against me because: (List facts or reasons below):
		∐ Ch	eck here if you need more space. Attach a sheet of paper and write "CH-110, Item 11— Facts and Reasons" the top. Give specific facts and reasons.

Case Number:

		Cas	e Number:
name:			
			t I have used or threatened to use hem reasonably fear violence.
☐ Lawyer's Fees and	d Costs		
I ask the court to order			
a. Lawyer's fees			
b. Out-of-pocket of because the temporary		ued without enough suppo	orting facts.
The amounts requested	d are:		
Item	Amount	Item	Amount
	\$	_	\$
	\$	<u> </u>	\$
	\$	_	\$
☐ Other Relief I ask for additional reli	ief as may be proper.		
—			
I ask for additional reli Number of pages attached Date:			
I ask for additional reli Number of pages attached		▶ Attorney's signature	
I ask for additional reli Number of pages attached Date:	to this form, if any:	Attorney's signature	at the information above is true an
I ask for additional reli Number of pages attached Date: Attorney's name I declare under penalty of pages	to this form, if any:	Attorney's signature	
I ask for additional reli Number of pages attached Date: Attorney's name I declare under penalty of pages.	to this form, if any:	Attorney's signature	

			1410-030
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE OF	VLY
-			
TELEPHONE NO.: FAX NO. (Optional):			
MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE: BRANCH NAME:			
PLAINTIFF/PETITIONER:			
PETITIONER/RESPONDENT:			
		CASE NUMBER:	
DECLARATION			
I declare under penalty of perjury under the laws of the State of 0	California that the foregoi	ng is true and correct.	
Date:	3	ŭ	
240.			
(TYPE OR PRINT NAME)	(SIG	GNATURE OF DECLARANT)	
	☐ Attorney for ☐	Plaintiff Petitioner	☐ Defendan
	Respondent	Other (Specify):	

	MC-031
PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	
DECLARATION	
(This form must be attached to another form or court paper before it of	can be filed in court.)
I declare under penalty of perjury under the laws of the State of California that the foregoin	g is true and correct.
Date:	

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Respondent Other (Specify):

 $\ \square$ Attorney for $\ \square$ Plaintiff $\ \square$ Petitioner $\ \square$ Defendant

С	H-145 or Sold	ns Turr	ned in Clerk stamps date here when form is filed
) Nan	me of person asking for protection:		
You	ır name:		
	nr address (skip this if you have a lawyer): (If yo ress to be private, give a mailing address instea	-	
			Fill in court name and street address:
	y: State: Zi		
You	ur telephone (optional): ()ur lawyer (if you have one): (Name, address, telestate Bar number):	mber,	
			Fill in case number: Case Number:
-			
If the		rearms, you	a may use this form to prove to the court that yo
If the have deale	e court has ordered you to sell or turn in your fi obeyed its orders. When you deliver your unlo	rearms, you aded weaporthe form is	· ·
If the have deale for your Fill of copy	e court has ordered you to sell or turn in your fi obeyed its orders. When you deliver your unlo er to complete item 4 or 5 and item 6. After ourself. For help, read Form CH-151.	rearms, you aded weap	ons, ask law enforcement or the licensed gun signed, file it with the court clerk. Keep a copy
If the have deale for your Fill of copy turned	e court has ordered you to sell or turn in your fi obeyed its orders. When you deliver your unlo er to complete item 4 or 5 and item 6. After ourself. For help, read Form CH-151. To: Law Enforcement out items 4 and 6 of this form. Keep a y and give the original to the person who	rearms, you aded weaporthe form is	To: Licensed Gun Dealer Fill out items (5) and (6) of this form. Keep a copy and give the original to the person who so
Fill of copy turned. The	court has ordered you to sell or turn in your fit obeyed its orders. When you deliver your unloser to complete item 4 or 5 and item 6. After ourself. For help, read Form CH-151. To: Law Enforcement out items 4 and 6 of this form. Keep a y and give the original to the person who ed in the firearms. firearms listed in 6 were turned in on: e: at: a.m p.m.	rearms, you aded weaporthe form is	To: Licensed Gun Dealer Fill out items (5) and (6) of this form. Keep a copy and give the original to the person who so the firearms listed in (6) were sold on: Date: at: □ a.m. □ p.
Fill of copy turned. The	court has ordered you to sell or turn in your fit obeyed its orders. When you deliver your unload to complete item 4 or 5 and item 6. After ourself. For help, read Form CH-151. To: Law Enforcement out items 4 and 6 of this form. Keep a y and give the original to the person who ed in the firearms. firearms listed in 6 were turned in on:	rearms, you aded weaporthe form is	To: Licensed Gun Dealer Fill out items (5) and (6) of this form. Keep a copy and give the original to the person who so the firearms listed in (6) were sold on: Date: at: \[\] a.m. \[\] p. To: \[Name of licensed gun dealer \]
Fill of copy turned. The Date To:	court has ordered you to sell or turn in your fit obeyed its orders. When you deliver your unloser to complete item 4 or 5 and item 6. After ourself. For help, read Form CH-151. To: Law Enforcement out items 4 and 6 of this form. Keep a y and give the original to the person who ed in the firearms. firearms listed in 6 were turned in on: e: at: a.m p.m.	rearms, you aded weaporthe form is	To: Licensed Gun Dealer Fill out items (5) and (6) of this form. Keep a copy and give the original to the person who so the firearms listed in (6) were sold on: Date: at: □ a.m. □ p.
Fill of copy turned. The Date	court has ordered you to sell or turn in your fire obeyed its orders. When you deliver your unloser to complete item 4 or 5 and item 6. After ourself. For help, read Form CH-151. To: Law Enforcement out items 4 and 6 of this form. Keep a y and give the original to the person who ed in the firearms. firearms listed in 6 were turned in on: e: at: a.m. p.m.	rearms, you aded weaporthe form is	To: Licensed Gun Dealer Fill out items (5) and (6) of this form. Keep a copy and give the original to the person who so the firearms listed in (6) were sold on: Date: at: \[\] a.m. \[\] p. To: \[Name of licensed gun dealer \]
Fill of copy turned The Date To:	court has ordered you to sell or turn in your fire obeyed its orders. When you deliver your unloser to complete item 4 or 5 and item 6. After ourself. For help, read Form CH-151. To: Law Enforcement out items 4 and 6 of this form. Keep a y and give the original to the person who ed in the firearms. firearms listed in 6 were turned in on: e: at: a.m p.m. Name and title of law enforcement agent Name of law enforcement agency	rearms, you aded weaporthe form is	To: Licensed Gun Dealer Fill out items (5) and (6) of this form. Keep a copy and give the original to the person who so the firearms listed in (6) were sold on: Date: at: a.m p. To: at: a.m p. To: ticensed gun dealer (

Signature of licensed gun dealer

Signature of law enforcement agent

)	name:		O and all Manuals are
)	Firearms Make	Model	Serial Number
	1	_	
	2		
	3		
	4		
	☐ Check here if you turned in or sold more firearms. Attac In or Sold" at the top. Include make, model, and serial	* * *	te "CH-145, Item 6—Firearms Turno
)	Do you have, own, possess or control any other firear	rms besides the firearms l	listed in 6 ? \square Yes \square No
)	If you answered yes to 7, have you sold or transferr <i>If yes, check one of the boxes below:</i>	red those other firearms?	☐ Yes ☐ No
	a. I filed the <i>Proof of Firearms Turned In or Sold</i>	l for those firearms with t	the court on (date):
	\square b. I am filing the Proof for those firearms along v	with this Proof.	
	c. I have not yet filed the Proof for the other firea	arms. (Explain why not):_	
	I declare under penalty of perjury under the laws of the correct.	he State of California tha	t the information above is true and
	Date:		

CH-131 Proof of Service by Mai	Clerk stamps date here when form is filed.
Name of person asking for protection:	
Your name:	
Notice to Server	
The server must:	Fill in court name and street address: Superior Court of California, County of
 Be over 18 years of age. Be a resident or employed in the county where the mailing took place. 	Superior court of camornia, county of
Not be a party in the case.	
Mail a copy of all documents	
checked in 4 to the person in	Fill in case number:
①. Complete and sign this form and give it to the person in ②.	Case Number:
PROOF OF SERVICE B	Y MAIL
I am over 18 years of age and am a resident or employed the person in (1) a copy of all documents checked below	
 a. □ CH-110, Answer to Request for Orders to Stop b. □ Other (specify): 	p Harassment
I placed copies of the documents checked above in a sea. a. Mailed from (City):	-
b. On (<i>Date</i>):	
c. To this Address:	
City:	
City.	
Server's Information Name:	
Address:	
City:	
Telephone:	
(If you are a registered process server):	
County of registration:	Registration number:
declare under penalty of perjury under the laws of the State orrect.	-
rate:	
uic	
•	
Type or print server's name Se	rver to sign here

How Can I Answer a Request for Orders to Stop Harassment?

What is a Civil Harassment Restraining Order?

It is a court order.

What does the order do?

The court can order you to:

- Not contact the person who asked for the order
- Stay away from that person and the person's home and workplace
- Not have any guns while the order is in effect

Who can ask for a Civil Harassment Restraining Order?

A person who is worried about safety because they are being:

- Stalked
- Harassed
- Sexually assaulted or
- Threatened with violence

How long does the order last?

If the Court makes a temporary order, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. The order could last for up to 3 years.

What if I don't obey the order?

The police can arrest you. You can go to jail and pay a fine.

What if I do not agree with what the order says?

You still must obey the order until the hearing.

If you disagree with the orders the person is asking for, fill out Form CH-110 before your hearing date and file it with the court.

Do I have to serve the other person with a copy of my answer?

Yes. Have someone—other than yourself—mail a copy of completed Form CH-110 to the person who asked for the order (or that person's lawyer). (This is called "Service.")

The person who serves the form by mail must fill out Form CH-131, *Proof of Service by Mail.* Make a copy of the proof of service and file it with the court clerk.

Should I go to the court hearing?

Yes. Go to court on the date listed on Form CH-120. If you do not go to court, the judge can make orders without hearing from you.

H-120 Restraining Order	Clerk stamps date here when form is fil
Name of person asking for protection:	
Address (skip this if you have a lawyer): (If you want your oddress to be private, give a mailing address instead):	
City:State;Zip:	Fill in court name and street address
Tour telephone number (opiniona) You have one) (Name, address, telephone number, and State Bar number)	Superior Court of California, County
Name of person to be restrained	Court fills in case number when form is Case Number:
Description of that person:	
City State:	
To the person in ②:	
To the person in ①: Notice of Hearing A court hearing is scheduled on the request for orders agains	
To the person in ①: Notice of Hearing A court hearing is scheduled on the request for orders agains	st you to stop harassment: ress of court of different from above:
To the person in ①: Notice of Hearing A court hearing is scheduled on the request for orders agains Name and second the request for orders agains Name and second to the request for orders against for the request for orders against you, file Form CH-1 If you do not want the court to make orders against you, file Form CH-1 If you do not want the court to make orders against you, file Form CH-1 Court Orders The court (check a or b): a □ Has scheduled the hearing stated in ③. No orders are issued aga b □ Has scheduled the hearing stated in ④. No orders are issued aga	tress of court if different from above: 0. Then go to the hearing and tell the you do not go to this hearing, the courtest you at this time any orders against you specified on any orders against you specified on
To the person in ⊕: Notice of Hearing A court hearing is scheduled on the request for orders agains Name and soc Name and so	tress of court if different from above: 0. Then go to the hearing and tell the you do not go to this hearing, the courtest you at this time any orders against you specified on any orders against you specified on
To the person in ①: Notice of Hearing A court hearing is scheduled on the request for orders agains Name and second the request for orders agains Name and second to the request for orders agains and the result of the request for orders agains you, file Form CH-1 If you do not want the court to make orders against you, file Form CH-1 If you do not want the court to make orders against you, file Form CH-1 Court Orders The court (reheck or or b) It is scheduled the hearing stated in ③ No orders are issued aga b) If it is scheduled the hearing stated in ④ and has issued the tempor page 2. If you do not obey these orders, you can be arrested and e to go to joil, pay a fine of up to \$1,000, or both	ress of court if different from above: 0. Then go to the hearing and tell the you do not go to this hearing, the course to the search of the course of the
To the person in ⊕: Notice of Hearing A court hearing is scheduled on the request for orders agains Name and soc Name and so	ress of court if different from above: 0. Then go to the hearing and tell the you do not go to this hearing, the course to the search of the course of the

How Can I Answer a Request for Orders to Stop Harassment?

Do I need a lawyer?

No. But it is a good idea. Ask the court clerk about legal services and self-help centers in your county.

Will I see the person who asked for the order at the court hearing?

If the person goes to the hearing, yes. Do not talk to that person unless the judge says you can.

Can I bring a witness to the court hearing?

Yes. You can bring witnesses or documents that support your case. But if possible, you should also bring the witnesses' written statements of what they saw or heard to the hearing. Their statements must be made under penalty of perjury. You can use Form MC-030 for this.

Can I bring someone with me to court?

Yes. You can bring someone to sit with you during the hearing. But that person cannot speak for you in court. Only you or your lawyer (if you have one) can speak for you.

What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If an interpreter is not available for your court date, bring someone to interpret for you. You cannot ask a child under 18 to interpret for you.

What if I am deaf?

If you are deaf, contact the clerk at least 5 days before the hearing. (See information on Requests for Accommodations below.)

Need more information?

Ask the court clerk about free or low-cost legal help.

For help in your area, contact:

[Local information may be inserted]

Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office for Request for Accommodations by Persons With Disabilities and Order (Form MC-410). (Civil Code, § 54.8)



INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS

(California Rules of Court, rule 985)

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

- 1. You are receiving financial assistance under one or more of the following programs:
 - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
 - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
 - The Food Stamp Program
 - County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

-OR -

2. Your total gross monthly household income is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,020.83
2	1,375.00
3	1,729.16
4	2,083.33
5	2,437.50

NUMBER IN FAMILY	FAMILY INCOME	
6	\$ 2,791.66	
7	3,145.83	
8	3,500.00	
Each additional	354.16	

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

— THIS FORM MUST BE KEPT CONFIDEN	TIAL — 982(a)(17)	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
NAME OF COURT:		
STREET ADDRESS: MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME: PLAINTIFF/ PETITIONER:		
DEFENDANT/ RESPONDENT:		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	CASE NUMBER:	
I request a court order so that I do not have to pay court fees and costs.		
 1. a. I am <i>not</i> able to pay any of the court fees and costs. b. I am able to pay <i>only</i> the following court fees and costs (specify): 		
b rain able to pay ciny the following countries and cooke (openity).		
2. My current street or mailing address is (if applicable, include city or town, apartment no.,	if any, and zip code):	
3. a. My occupation, employer, and employer's address are (specify):		
b. My spouse's occupation, employer, and employer's address are (specify):		
 I am receiving financial assistance under one or more of the following programs: a. SSI and SSP: Supplemental Security Income and State Supplemental Pa b. CalWORKs: California Work Opportunity and Responsibility to Kids Act, in 	•	
for Needy Families (formerly AFDC) c. Food Stamps: The Food Stamp Program		
d. County Relief, General Relief (G.R.), or General Assistance (G.A.) 5. If you checked box 4, you must check and complete one of the three boxes below, unit	less vou are a defendant in an unlawful	
detainer action. Do not check more than one box.	,	
 a. (Optional) My Medi-Cal number is (specify): b. (Optional) My social security number is (specify): 		
and my date of birth is (specific	ecify):	
[Federal law does not require that you give your social security number, you must check box c and attach documents c.	s to verify the benefits checked in item 4.]	
[See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees a office, for a list of acceptable documents.]	and Costs, available from the clerk's	
[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]		
My total gross monthly household income is less than the amount shown on the and Costs available from the clerk's office.		
[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the ba of this side.]	ack of this form, and sign at the bottom	
7. My income is not enough to pay for the common necessaries of life for me and the also pay court fees and costs. [If you check this box, you must complete the base of the pay income is not enough to pay for the common necessaries of life for me and the pay income is not enough to pay for the common necessaries of life for me and the also pay court fees and costs.		
WARNING: You must immediately tell the court if you become able to pay court fees be ordered to appear in court and answer questions about your ability to pay court if	or costs during this action. You may ees or costs.	
I declare under penalty of perjury under the laws of the State of California that the informatio attachments are true and correct.	n on both sides of this form and all	
Date:		
(TYPE OR PRINT NAME) (Financial information on reverse)	(SIGNATURE)	

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	
FINANCIAL IN	FORMATION
	10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
	Property FMV Loan Balance
•	(1)
a. My gross monthly pay is:	(2) \$ \$ (3) \$ \$
purpose and amount):	d. Real estate (list address, estimated fair market value
• •	(FMV), and loan balance of each property):
(1) <u> </u>	
(2) 5	Property FMV Loan Balance
(3) \$ \$ (4) \$	(1) \$ \$
My TOTAL payroll deduction amount is: \$	(2) \$ \$
	e. Other personal property — jewelry, furniture, furs, stocks,
c. My monthly take-home pay is (a. minus b.): \$	bonds, etc. (list separately):
d. Other money I get each month is (specify source and	borido, oto. (not obparatory).
amount; include spousal support, child support, paren-	¢
tal support, support from outside the home, scholar-	11. My monthly expenses not already listed in item 9b above
ships, retirement or pensions, social security, disability,	are the following:
unemployment, military basic allowance for quarters	a. Rent or house payment & maintenance \$
(BAQ), veterans payments, dividends, interest or royalty,	
trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net	
gambling or lottery winnings):	c. Utilities and telephone
	d. Clothing \$ e. Laundry and cleaning \$
(1)	
(2) \$	
(3)	
The TOTAL amount of other money is:	h. School, child care \$
The TOTAL amount of other money is: \$	
labeled Attachment 9d.)	j. Transportation and auto expenses (insurance, gas, repair) \$
e. MY TOTAL MONTHLY INCOME IS	k. Installment payments (specify purpose and amount):
(c. plus d.): \$	k. Installment payments (specify purpose and amount).
f. Number of persons living in my home:	(1) \$\$ \$
Below list all the persons living in your home, including	(3)
your spouse, who depend in whole or in part on you for	The TOTAL amount of monthly
support, or on whom you depend in whole or in part for	installment payments is: \$
support:	I. Amounts deducted due to wage assign-
Gross Monthly Name Age Relationship Income	ments and earnings withholding orders: \$
	m. Other expenses (specify):
(1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(1) \$ \$ (2) \$ \$ (3) \$ \$ (4) \$ \$ (5) \$ \$ The TOTAL amount of other monthly.
(3) \$	(2) \$
(4) \$	(3) \$
(4) \$ \$ (5) \$ \$	(4) \$
The TOTAL amount of other money is: \$	(5) \$
(If more space is needed, attach page	The TOTAL amount of other monthly
labeled Attachment 9f.)	expenses is:\$
g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS	n. MY TOTAL MONTHLY EXPENSES ARE
(a. plus d. plus f.):	(add a. through m.): \$
10. I own or have an interest in the following property:	12. Other facts that support this application are <i>(describe un-</i>
a. Cash\$	usual medical needs, expenses for recent family emergen-
b. Checking, savings, and credit union accounts (list banks):	cies, or other unusual circumstances or expenses to help the
	court understand your budget; if more space is needed,
(2) \$	attach page labeled Attachment 12):
(1) \$ (2) \$ (3) \$	

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

(4)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
_	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/ PETITIONER:	
DESENDANT/ DECRONDENT	CASE NUMBER:
DEFENDANT/ RESPONDENT:	CASE NUMBER.
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	
	vas issued on (date):
2. The application was filed by (name):	(complete item 4 below)
	(complete item 4 below).
 a. No payments. Payment of all the fees and costs listed in California Rules b. The applicant shall pay all the fees and costs listed in California Rules of 	
	nd marshal fees.
(*/== * ********************************	
	's fees* (valid for 60 days).
	ne appearance (Gov. Code, § 68070.1(c))
· · · · · · · · · · · · · · · · · · ·	pecify code section):
(5 Ll Court-appointed interpreter. A Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov.	Code \$\$ 60047 60049 and 70105
c. Method of payment . The applicant shall pay all the fees and costs when charg	
	per month or more until the balance is paid.
d. The clerk of the court, county financial officer, or appropriate county officer is au	•
before and be examined by the court no sooner than four months from the date	
four-month period. The applicant is ordered to appear in this court as follo	
Date: Time: Dept.:	Div.: Room:
e. The clerk is directed to mail a copy of this order only to the applicant's att	
f. All unpaid fees and costs shall be deemed to be taxable costs if the applicants	
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lien on any judgment recovered by the applicant and shall be paid directly upon such recovery.	
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JUDICIAL OFFICER

Page 1 of 2

PLAINTIFF/PETITIONI	ER (Name):		CASE NUMBER:	
DEFENDANT/RESPONDE	NT <i>(Name):</i>			
4b Application is d	enied in whole or in part (speci	ify reasons):		
	F (-)	,		
	CLERK'S	CERTIFICATE OF MAILING		
I certity that I am not a party envelope addressed as sho	to this cause and that a true c wn below, and that the mailing	copy of the foregoing was mailed fir of the foregoing and execution of t	st class, postage prepaid, in a seal his certificate occurred at	ed
(place):	,	5 0	, California,	
on (date):				
		Clerk, by		, Deputy
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(SEAL)]			
		CLERK'S CERTIFIC	CATE	
	I certify that the f	foregoing is a true and correct copy	y of the original on file in my office.	
	Date:	Clerk, by		Deputy
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	J			